

OFFICE OF DRINKING WATER QUALITY



IN KIND REPLACEMENT

PUBLIC WATER SYSTEM EQUIPMENT PLANS AND SPECIFICATIONS

Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
(Applicant, Person, Corporation, City or Town)

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Name of Establishment or Project: \_\_\_\_\_

Location: \_\_\_\_\_  
Street City State Zip Code

Number of People Served: \_\_\_\_\_

Type of Well: Drilled \_\_\_\_ Grv. Pkd. \_\_\_\_ Grv. Dev. \_\_\_\_ Dug \_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment Specifications  
(Fill Each Category if Applicable)

	OLD EQUIPMENT	REPLACED BY
Type of Equipment:	_____	_____
Company Make:	_____	_____
Model#:	_____	_____
Serial#:	_____	_____
Horse Power:	_____	_____
Capacity (gpm)	_____	_____
Volume:	_____	_____

Please submit copies of any additional literature or documentation on new equipment.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_